



**HARRISON RECREATION**  
**FIRST GRADE SOCCER PROGRAM**  
**2013 FIRST GRADE STRIKERS**  
**WEST HARRISON PARK**

The Harrison Recreation Department’s goal is to create a fun and challenging environment where players have the ability to learn and play. Each Saturday skills will be demonstrated and practiced. Such skills include: dribbling, shooting, offense, defense and goal. Each session will end with a scrimmage. No team will be allowed to practice on their own. Our objective is fun, fun, fun and learn, learn, learn!

Dates are as follows:  
September: 9/21, 9/28    October 10/5, 10/12, 10/19, 10/26.

Pictures will be held on Oct. 5th

Soccer Picnic 11/2

Tuesday, September 10<sup>th</sup> at West Harrison Senior Annex, Coaches Pick Teams – 7:00 p.m.  
(COACHES ONLY PLEASE)

\$55 Application Fee – Please mail or return to Sollazzo Center, 270 Harrison Ave, Harrison, NY 10528 or Leo Mintzer Center, 251 Underhill Avenue, West Harrison, NY 10604

Deadline is Tuesday, September 10<sup>th</sup> at 5:00 p.m. Applications received after deadline is subject to waiting list and a \$75 registration fee. Kindergartners must supply own #4 soccer ball, shin guards & black shorts. League will supply shirt and socks.

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**2013 FIRST GRADE STRIKERS**

Player’s Name \_\_\_\_\_ Sex \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Child Attends \_\_\_\_\_ Grade in Sept.2013 \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Parent Harrison 2013 ID # \_\_\_\_\_ (required)

Health Insurance Company \_\_\_\_\_ No. \_\_\_\_\_

We, the parent’s of \_\_\_\_\_ grant him/her permission to play in the Harrison Junior Soccer League. We release the Town/Village of Harrison, Recreation Department and related League personnel from any responsibility should any mishap occur.

Print Father’s Name \_\_\_\_\_ Father’s Signature \_\_\_\_\_

Print Mother’s Name \_\_\_\_\_ Mother’s Signature \_\_\_\_\_

Parents: I will volunteer as:    Head Coach Yes No Name \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

(Please circle one)

Asst. Coach Yes No Name \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

General Helper Yes No Name \_\_\_\_\_

Patron: \$25 Donation - Additional \_\_\_\_\_    Make checks payable to: Town/Village of Harrison  
Sponsor \$150 \_\_\_\_\_    Name of team for uniform \_\_\_\_\_

OFFICE USE ONLY: CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_